

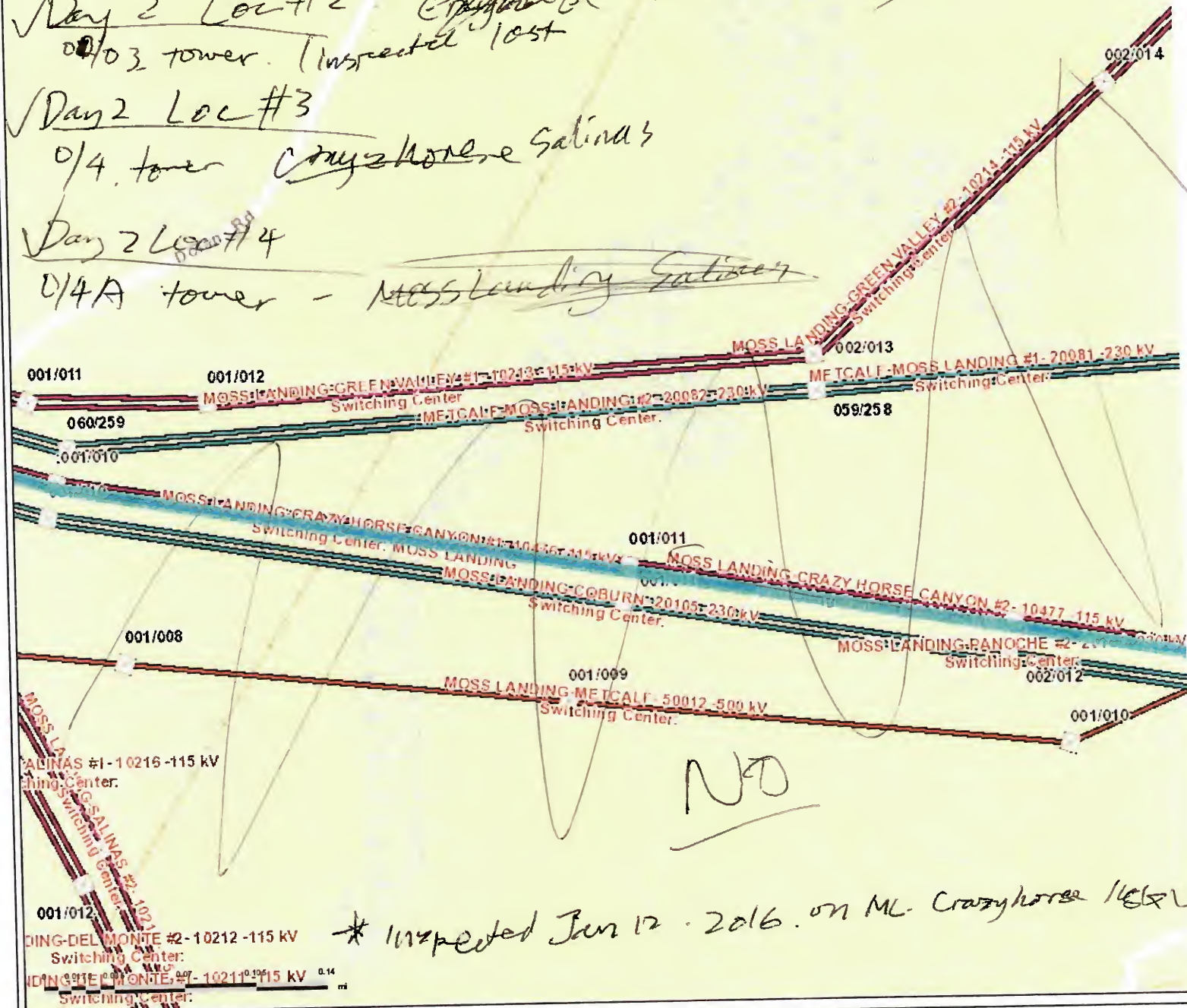
Dolan Rd

X Day 2 Loc #1 looked at 62? the tower collapsed
in temp poles; will build TSP instead of G95
due to the redesign (or respect) of G95. #1 & 2

✓ Day 2 Loc #2 ^{Salinas} ~~Crazy Horse~~ - Moss Landing 115 kv
001/03 tower. Inspected last

✓ Day 2 Loc #3
0/4 tower ~~Crazy Horse~~ Salinas

✓ Day 2 Loc #4
0/4A tower - Moss Landing Salinas



* Inspected Jan 12, 2016. on ML Crazy Horse 115 kv

ETGIS Web Map



My Map

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Author: rde

Printed On: 4/4/2016

1 2



Moss Crazy Horse 115 kV

ETGIS Web Map



My Map

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Author: mde

Printed On: 4/4/2016

**Corrective Work Form
Electric Transmission
Line****PROBLEM DESCRIPTION** (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

M.L.-C.H.C.#1 1/9 DANGER SIGNS

INFORMATION REQUIRED BY QCR**INFORMATION COMPLETED BY FLS****INFORMATION BY QCR UPON**☒ **LC Notification****PRIORITY CHOICES:**

A = Immed/Safety

B = Urgt Compliance

C = Emergency Restore Service

E = Schd Compl Yr 0

☐ A ☐ B ☐ C ☒ E ☐ F ☐ G ☐ P

F = Schd Compl Yr 1+

G = Maintenance Compliance

P = System Repair/Improvement

Order#

Created Notification #
111313023**FACILITY TYPE****DAMAGE CODE****CAUSE CODE****ACTION**☒ Missing (MISS)☒ Installed (INST)**USER STATUSES**☒ LARGE EQUIPMENT - ACCH☒ T-LINE INSPECTION - INSP☒ OVERHEAD - OH☒ PUT ON HOLD WORK - POHW☒ REMOTE / AG / LOW POP - REMT☐☐☐☐☐☐☐☐☐☐☐**REFERENCE INFO**

ETL#: ETL.2930.TOWR

CREW CLASS: ETLQEP

WORK TYPE CODE:

SAP EQUIPMENT #: 40861490

CREW SIZE: 00

628

FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE-
(LINE NAME): #1-TOWER**ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:**

(labor-hours = Crew Size x Hours to Complete - no travel time)

0.0

PLANNER GROUP: TLT

Latitude: 36.801860000000

ANTICIPATED MATERIAL COSTS:

Longitude: 121.757040000000-

EXECUTION**REQUIRED END DATE:**

01/12/2017

MAIN WORK CENTER:

MOSSLNDG - Moss Landing

VOLTAGE:☐ 60 KV☐ 70 KV☐ 115 KV☐ 230 KV☐ 500 KV**LOCATION DATA (OPTIONAL INFORMATION)**

STREET ADDRESS: N/O 656 DOLAN RD

CITY: MOSS LANDING

ZIP (if known): 00000

DIVISION CODE (LOCATION): CC

COUNTY CODE (PLANT SECTION) 027

REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)

DATE FOUND (NOTIF DATE): 01/12/2016

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 02/01/2016 13:42:12 PST Nancy Disch (NED2) Phone 831-633-6926

* - Voltage : 115 KV

* - Structure Type : STEEL

* - Structure ID : 001/009

*

* 001/009 INSTALL DANGER SIGNS ON TWR


Completed by:

(Name and LAN ID):

Date: / /**Actual Labor-Hours:****Reviewed by**


(Name and LAN ID):

Date: / /


	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 1/10 DANGER SIGNS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111313025
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40589059		CREW SIZE: 00	628
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE- #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLT	Latitude: 36.800860000000	0.0	
	Longitude: 121.753010000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/12/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 656 DOLAN RD	CITY: MOSS LANDING	ZIP (if known): 00000	
DIVISION CODE (LOCATION): CC	COUNTY CODE (PLANT SECTION) 027		
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/12/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 13:46:20 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;001/010			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 001/010 INSTALL DANGER SIGNS ON TWR			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/12 X-ING MARKER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111313028	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40668635		CREW SIZE: 00	628
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLT		0.0	
Latitude: 36.799990000000		ANTICIPATED MATERIAL COSTS:	
Longitude: 121.746300000000-			
EXECUTION			
REQUIRED END DATE: 01/13/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 797 DOLAN RD		CITY: MOSS LANDING	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 13:48:59 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;002/012			
* :			
* 002/012 REPLACE OR REPAIR X-ING MARKER			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/15 AERIAL MARKER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111313102	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751167		CREW SIZE: 00	628
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLT	Latitude: 36.798120000000 Longitude: 121.735510000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 892 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 13:55:32 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;002/015			
*			
* 002/015 MISSING AERIAL MARKER#15			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 2/15 DANGER SIGNS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111313384
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751167		CREW SIZE: 00	628
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: large;">0.0</div>	
PLANNER GROUP: TLT	Latitude: 36.798120000000	ANTICIPATED MATERIAL COSTS:	
Longitude: 121.735510000000-			
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 892 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 15:08:28 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;002/015			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 002/015 INSTALL MISSING DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/16 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111314563	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40809590		CREW SIZE: 00	628
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLT	Latitude: 36.797170000000 Longitude: 121.731920000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 892 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION): 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/01/2016 15:25:15 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 115 KV * - Structure Type : STEEL * - Structure ID : ;002/016 * * 002/016 INSTALL MISSING DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 3/17 CLIMBING GUARD		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31221136 Created Notification # 111316786
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Clearance Impaired (CLER)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> RELEASE WORK - RELW	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40812872		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: x-small;">0.0</div>	
PLANNER GROUP: TLN	Latitude: 36.796100000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.728160000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:07:32 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure ID : 003/017			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 003/017 INSTALL ANTI-CLIMBING GUARD			
*			
* 03/03/2016 16:14:43 PST Laurie Sholler (LFP1) Phone 559-263-5041			
* 31221136 - copies to Rick Tankersley			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

M.L.-C.H.C.#1 3/17 CLIMBING GUARD

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/17 RUSTED STUBS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317402
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40812872		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.796100000000 Longitude: 121.728160000000-		ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:20:08 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/017			
*			
* 003/017 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/17 DAMAGED STEEL	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111316789	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	WORK TYPE CODE:
SAP EQUIPMENT #: 40812872		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLQ	Latitude: 36.796100000000	0.0	
	Longitude: 121.728160000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 959 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:17:35 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/017			
*			
* 003/017 REPAIR BROKEN STEEL			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/19 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317406
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40861492		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.793430000000 Longitude: 121.718200000000-		ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14719 CASTROVILLE BLVD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:23:28 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/019			
*			
* 003/019 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/19 RUSTED STUBS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317408	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> REAR EASEMENT - REAR	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	WORK TYPE CODE:
SAP EQUIPMENT #: 40861492		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE-		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
(LINE NAME): #1-TOWER			
PLANNER GROUP: TLQ	Latitude: 36.793430000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.718200000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14719 CASTROVILLE BLVD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:28:30 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/019			
*			
* 003/019 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/20 AERIAL MARKER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317496	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	
SAP EQUIPMENT #: 40588924		CREW SIZE: 00	
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		WORK TYPE CODE: 543 ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> ANTICIPATED MATERIAL COSTS:	
PLANNER GROUP: TLQ	Latitude: 36.792840000000 Longitude: 121.716990000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14905 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/01/2016 17:16:59 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 115 KV * - Structure Type : STEEL * - Structure ID : ;003/020 *			
* 003/020 INSTALL MISSING AERIAL MARKER #20			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/20 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317499	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> REAR EASEMENT - REAR	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40588924		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLQ	Latitude: 36.792840000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.716990000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14905 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION): 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:20:29 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure ID : ;003/020			
* - Special Circumstances : DRY WEATHER/HORSE RANCH			
* 3/20 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 3/20 RUSTED STUBS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317511
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	WORK TYPE CODE:
SAP EQUIPMENT #: 40588924		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: x-small;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.792840000000	ANTICIPATED MATERIAL COSTS:	
Longitude: 121.716990000000-			
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14905 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:23:41 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/020			
*			
* 003/020 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> M.L.-C.H.C.#1 4/21 ANTI-CLIMB GUARD </div>	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31221136 Created Notification # 111317551
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Clearance Impaired (CLER)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40585528		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.712370000000 Longitude: 121.791740000000-		ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15083 DEL MONTE FARMS		CITY: CA	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:53:05 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/021			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/021 INSTALL ANTI-CLIMBING GUARD			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 4/21 DANGER SIGNS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317554
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40585528		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: large;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.712370000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.791740000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15083 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 18:09:11 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/021			
* - Special Circumstances : DRY WEATHER/HORSE RANCH			
*			
* 004/021 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-CRAZY HORSE CYN#1 4/23 DANGER SIGNS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111328086
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	WORK TYPE CODE:
SAP EQUIPMENT #: 40658923		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.789850000000 Longitude: 121.706530000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15120 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 09:37:33 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/023			
*			
* 004/023 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

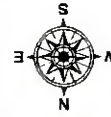
Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-CRAZY HORSE CYN#1 4/23 RUSTED STUBS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111328548	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40658923		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLQ	Latitude: 36.789850000000	0.0	
	Longitude: 121.706530000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15120 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 11:11:37 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/023			
*			
* 004/023 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-CRAZY HORSE CYN#1 4/25 AERIAL MARKR		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small> A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 </small>		Order# Created Notification # 111328646
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751265		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: <small>(labor-hours = Crew Size x Hours to Complete - no travel time)</small> 0.0	
PLANNER GROUP: TLQ	Latitude: 36.788090000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.699750000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15658 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED By (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 12:00:15 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : :004/025			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/025 INSTALL AERIAL MARKER #25			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-CRAZY HORSE CYN#1 4/25 CLEAR CAGE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111328725
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751265		CREW SIZE: 00	564
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLV	Latitude: 36.788090000000 Longitude: 121.699750000000-		ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15658 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): R1D			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 12:28:55 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/025			
* :			
* 004/025 CLEAR CAGE OF VEGETATION			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	



ETGIS Web Map



My Map

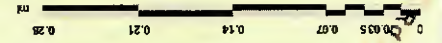
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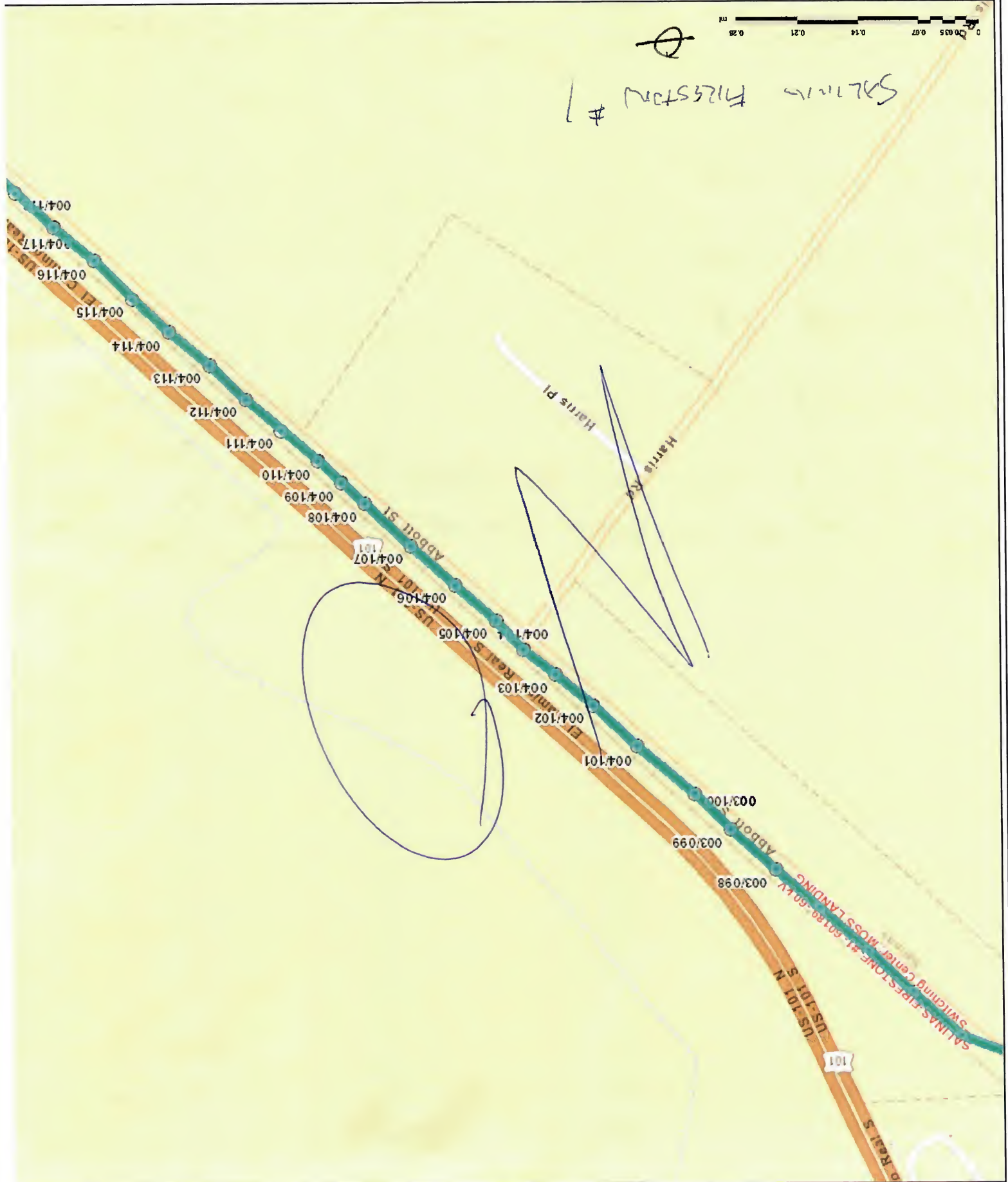
Printed On: 4/4/2016

Author: rdt

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SALINAS FIRESTORM #1



Day 2
LOC #15

START

inspected ?? - Along 107 (6)
Harkin. close south of Firestone business park

10/234

- 60KV Salinas-Firestone
leak 12KV underbuilt. (T-I construction)

#6 10/233. - OK

#7 10/232 - OK

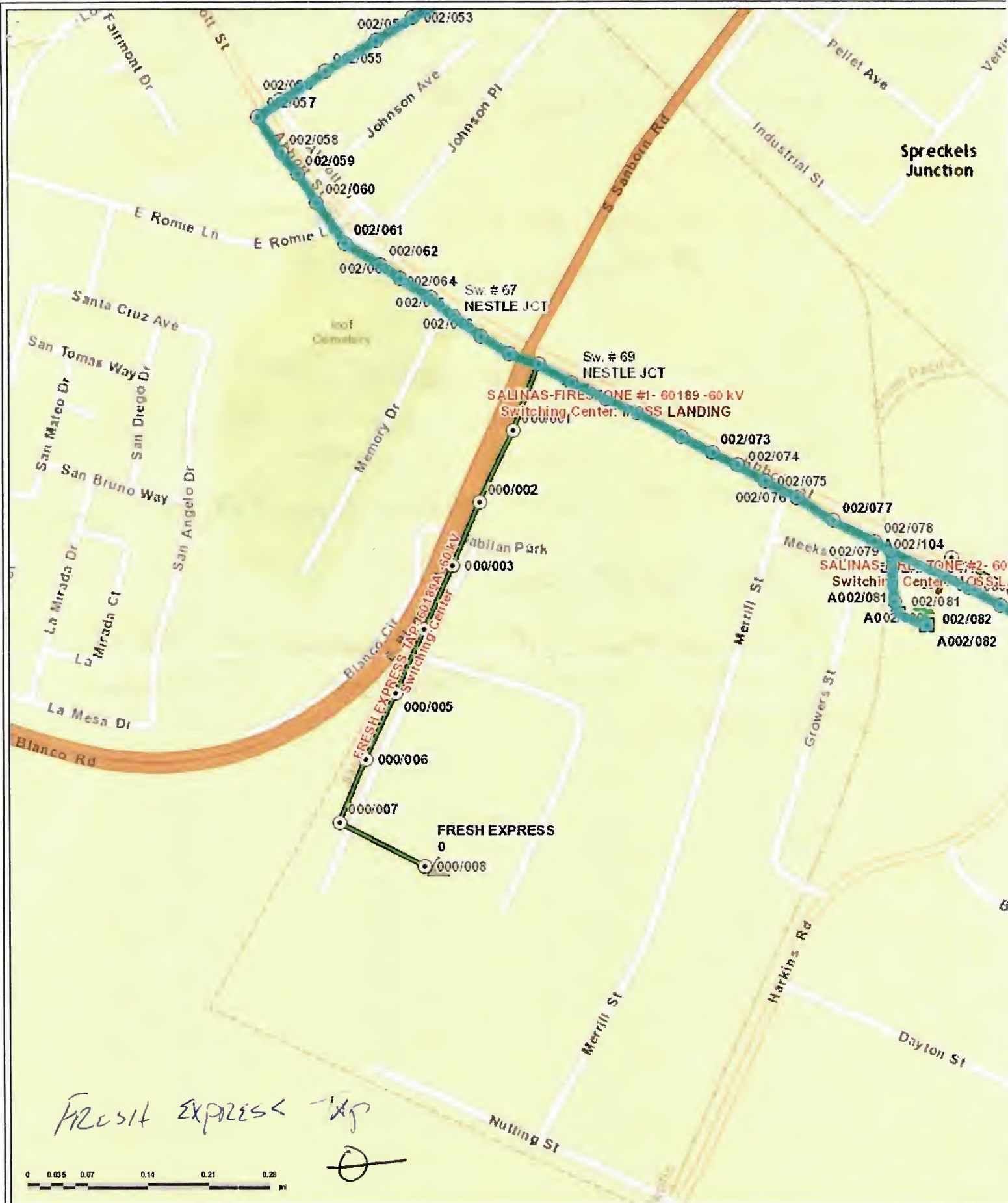
#8 10/231 - OK

#9 10/230 - OK

#10 10/229 - OK

(adequacy?)
plant in Salinas

== Lunch. and then to Fresh Express Parking lot
to look at the same circuit (a tap line to
customer Substation)



ETGIS Web Map



My Map

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Author: xdt

Printed On: 4/4/2016

Lunch Day 2 ^{OK} → Fresh Express plant in

check out 60KV ^{Salinas} Fresh Express tap off from
Salinas Fire Station.

Day 2 Loc #11 - wood pole s. T construction with
0/6 - ~~dist~~ distribution under line!

#12 ^{OK} - transmission DG poles between 2
0/7 distribution poles ~~is~~ is 14-16"
clearance - check GO 95 -
* checked OK - Case 19 from Table 1 (GO 95) says 9'.

#13 Height 60 ft ~~pole~~
0/5 found lean 2.0%. Requested P&E
to re-do pole load; Measured 51 inches
circumference.

#14 OK
0/3

#15 OK
0/2

#16
0/1

Lean Pole from existing pole Calc. Fresh Express Tap 60kv

Prepared by Haus, Spencer 4/5/2016

LINE NAME: Fresh Express Tap 60kv

POLE #: 0/5

LOCATION #: 1

ORDER #: Fresh Express Tap 60kv

WOOD GRADE B
CALCULATION SHEET

UNGUED POLE SELECTED:
60' CLASS 1 SET 9' DEEP

POLE LOADING REPRESENTS CURRENT CONDITION

SAFETY FACTOR= 4.29

FRAMING WARNINGS

POLE SIZING: MANUAL

POLE LENGTH: 60ft

SOIL: MEDIUM(500PSF)

INSULATION DIST: B.C.D

RECOMMENDED SET

DEPTH: 9'

POLE CAPABILITY NOT

REDUCED

LIGHT LOADING DEFLECTION: UNKNOWN

DE TENSION GUY LEAD STRUT HEIGHT GUYED LOAD

1775 Lbs 0' 0.0' 0 lbs

GUY FACTOR: 0.00 GUY TENSION: 0 lbs

2/0 CU (0.276 Wt) (0.4109 Wt) NOT GUYED

TRANSMISSION BACK

EXTRA HORIZ. LOAD OF: 349'

2/0 CU (0.276 Wt) (0.4109 Wt) NOT GUYED

DISTRIBUTION 1

351' 349' 0

397 AL (0.483 Wt) (0.373 Wt) NOT GUYED

DISTRIBUTION 2

277' 0' 45

397 AL (0.483 Wt) (0.373 Wt) DEAD-END GUYED TO ANCHOR A

MISCELLANEOUS 1

0' 0' 0

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

MISCELLANEOUS 2

0' 0' 0

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

MISCELLANEOUS 3

0' 0' 0

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

MISCELLANEOUS 4

0' 0' 0

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

EQUIPMENT

HEIGHT

AREA ft²

WEIGHT lbs

POSIT.

QTY

120 TX UP TO 50KVA

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

STRUCTURE WARNINGS

TRANS. AHEAD

TRANS. BACK

DISTRIBUTION 1

DISTRIBUTION 2

MISCELLANEOUS 1

MISCELLANEOUS 2

MISCELLANEOUS 3

MISCELLANEOUS 4

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

MISCELLANEOUS 2

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

MISCELLANEOUS 3

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

MISCELLANEOUS 4

NO CONDUCTOR (0 Wt) (0 Wt) NOT GUYED

EQUIPMENT

HEIGHT

AREA ft²

WEIGHT lbs

POSIT.

QTY

120 TX UP TO 50KVA

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

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NONE

NONE

NONE

NOTES:

LOAD CASE

CLASS

DEPTH

S.F.

TOTAL LOAD

G.L. MOMENT

G.L. SHEAR

MOMENT ABV. GUY

VERTICAL LOAD

K-FACTORS FOR CLEARANCES

TRANS. AHEAD

TRANS. BACK

DISTRIBUTION 1

DISTRIBUTION 2

POLE EXTENSION

LENGTH

0

10.00'

3.00'

36.00'

0.0'

51.0'

0.0'

0.0'

0.0'

0.0'

0.0'

0.0'

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0.0'

0.0'

0.0'

0.0'

0.0'

0.0'

LOADING BREAKDOWN

90° wind

145 lbs horiz.

7556 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

LOADING BREAKDOWN

90° wind

145 lbs horiz.

7556 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

LOADING BREAKDOWN

90° wind

145 lbs horiz.

7556 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

270° wind

145 lbs horiz.

7513 lbs bm

17% of total

60
-9

$$\cos 5^\circ = \frac{y}{51}$$
$$y = 50.8'$$

5.5 parts (scale)

$$y = 50.8'$$

54 parts (scale)

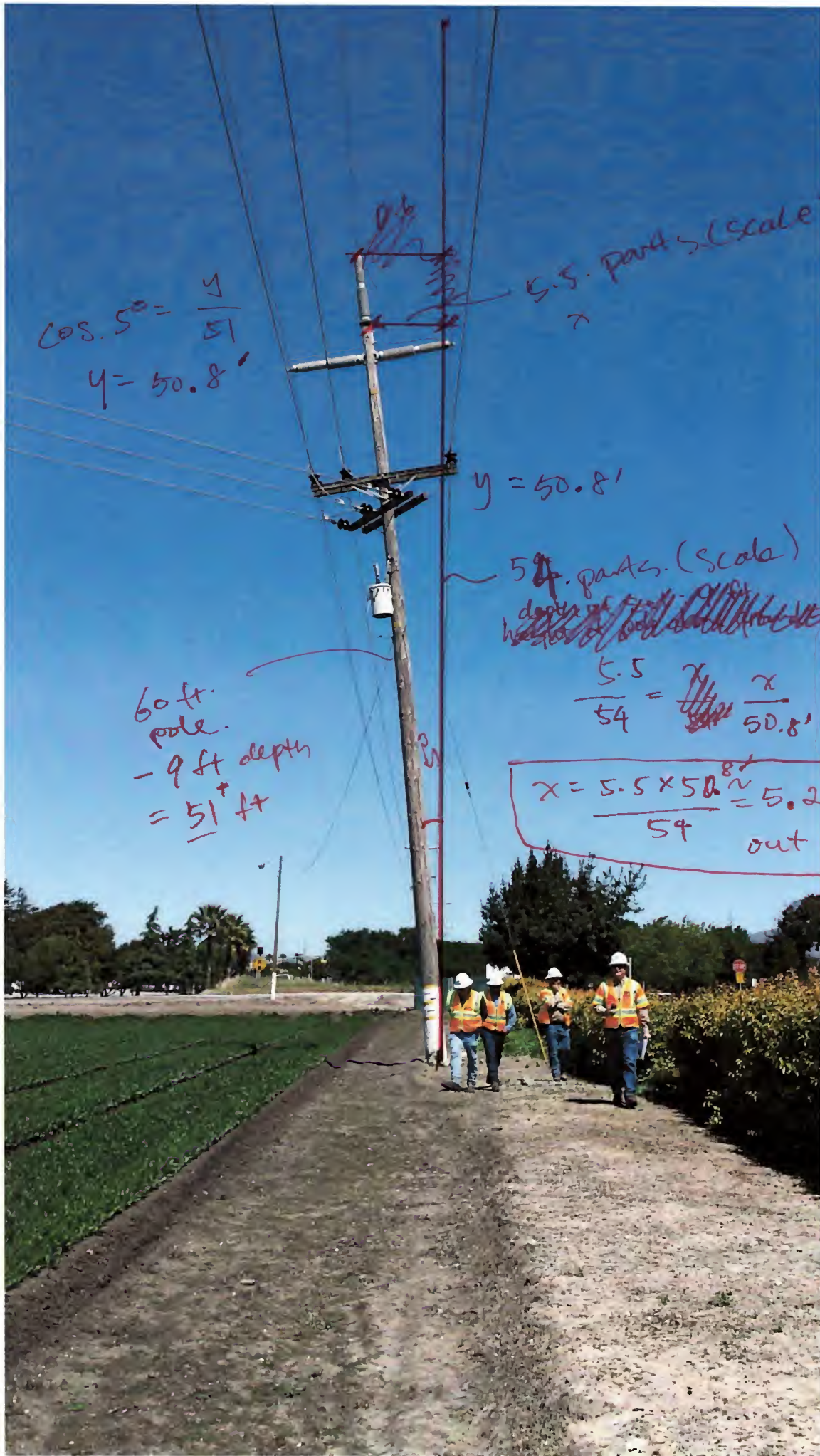
depth of hole

$$\frac{5.5}{54} = \frac{x}{50.8'}$$

60 ft.
pole.
- 9 ft depth
= 51' ft

$$x = \frac{5.5 \times 50.8'}{54} = 5.2 \text{ ft}$$

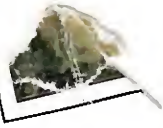
out of plumb



—

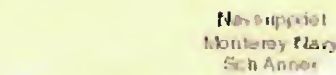
—

Day 3 #1 ✓ - Moss Landing - Crazykong
Tower 0/3 #1 & #2 115km.



Day 3 #2 ✓
0/2 - attached former opt

Day 3 #3 ✓
0/4



Day 3 Loc #4 Del Monte Viejo - 60 kV
w/ pole 0/1. - stubbed pole came out of
Sub station - ok at Kolo Ave / Casanova
Monterey


Loc #5
Del 0/2 - inspected intrusion 2015 - OK


Loc #6
Pole 0/3 - stubbed pole at Pacific Inn. (N Forest St)
found a 1 inch broken ground molding for transmiss-
bonding wire for insulators (leverage current)


Loc #7
Pole 0/4 - ~~also~~ missing pole steps for a pole
vertical run. (common neutral) - need
to check code if it's exempt. OK

Loc #8 0
Pole 0/5. - no pole steps with dist. riser
(dist. may created a tag. will check)
- nail from CP span guy sticks out beyond 1.5 inch
climbing space issue. (stick out 2 inch. measured)
- ~~transmission~~ ~~DOF~~ almost touching bottom phase
Santa side, of. 60 kV. (1-inch) need to check
~~code~~ OK. checked 1-5 inch clearance for
supply hardware to metallic parts. (not exactly
the case but similar to this application)


b/c. ~~run~~ run was
not in climb space
and is a G.W.


 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DEL MONTE-VIEJO 0/8 SPLICES <10' OUT		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111207365
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40886668		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO (LINE NAME): FLY)-INSULATO		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLP	Latitude: 0.000000000000 Longitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2018	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: BRUCE LANE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:43:23 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 000/008			
*			
* REPLACES 3, 266 AL.SPLICES THAT ARE LESS THAN 10' AWAY FROM			
* INSULATORS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 1/35 RUSTY D.E. BELLS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 31219247 Created Notification # 111207366	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH		<input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/>	
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40800518		CREW SIZE: 00	508
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-INSULATO (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLP	Latitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 0.000000000000		
EXECUTION			
REQUIRED END DATE: 01/13/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:47:35 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 001/035			
*			
* 1/35 REPLACE RUSTY DEAD END BELLS			
* DO ION CONJUNCTION WITH TAG TO REPAIR WOODPECKER HOLE			
*			
* 02/12/2016 19:07:32 PST BCH WM ORDER (BCH WM ORDER)			
* 000111322348 - AEA Results: PIQ required,			
* 000111322458 - AEA Results: PIQ required,			


 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DEL MONTE-VIEJO 1/35 RUSTY D.E. BELLS	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).		
* 000111322587 - AEA Results: PIQ required.		
Completed by: (Name and LAN ID):	Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 1/35 WOODPECKER HOLES	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111207367	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40768963		CREW SIZE: 00	630
FUNCTIONAL LOCATION (LINE NAME): 60064 DEL MONTE-VIEJO (NO FLY)-WOOD POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLP		0.0	
Latitude: 36.590438000000 Longitude: 121.879701000000-		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:50:23 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 001/035			
*			
* REPAIR WOODPECKER HOLE AT TOP OF POLE			
* DO OIN CONJUNCTION WITH TAG TO REPLACE D.E. BELLS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DEL MONTE-VIEJO 2/50 RUSTY INSULATORS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219247 Created Notification # 111207368
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40640139		CREW SIZE: 00	508
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO (LINE NAME): FLY)-INSULATO		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 0.000000000000 Longitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:53:12 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 002/050			
*			
* 002/050 REPLACE RUSTY INSULATORS ON TRI KIT			
* DO IN CONJUNCTION WITH TAG TO REPAIR WOODPECKER HOLE			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 2/50 WOODPECKER HOLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111207369	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40613937		CREW SIZE: 00	630
FUNCTIONAL LOCATION (LINE NAME): 60064 DEL MONTE-VIEJO (NO FLY)-WOOD POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLP	Latitude: 36.583323000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.874262000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 16:03:04 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 002/050			
*			
* 002/050 REPAIR WOODPECKER HOLE BELOW TRI KIT			
* DO IN CONJUNCTION WITH REPLACING RUSTY INSULATORS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by: (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 4/100 CLEAR VEG	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111322342
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Overgrown (OVRG)		<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40600102		CREW SIZE: 00	564
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLV	Latitude: 36.559992000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.888514000000-		
EXECUTION			
REQUIRED END DATE: 01/20/2018		MAIN WORK CENTER: MOSSLNDG - Moss Landing VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/20/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/02/2016 09:06:05 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 004/100 * - Special Circumstances : DRY WEATHER ONLY * * 004/100 REMOVE VEGETATION FROM AND AROUND GUY FOOT ACCESS ONLY			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DEL MONTE-VIEJO 4/101 INSTALL ANCHOR		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219251 Created Notification # 111322348
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.NWOD		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 43691767		CREW SIZE: 00	637
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-NONWOOD (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 36.559992000000 Longitude: 121.888514000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/20/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/20/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 02/02/2016 09:28:13 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 004/101			
* - Special Circumstances : DRY WEATHER ONLY			
* 004/101 INSTALL ANCHOR AND DOWN GUY FOOT ACCESS ONLY			
* 02/12/2016 19:07:28 PST BCH_WM_ORDER (BCH_WM_ORDER)			
* Work in impacted ENV layer			
* Based on the location data provided, this work requires further			

**Corrective Work Form
Electric Transmission
Line****PROBLEM DESCRIPTION** (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2**DEL MONTE-VIEJO 4/101 INSTALL ANCHOR****COMMENTS (LONG TEXT):** Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

*

* 02/12/2016 19:07:44 PST BCH_WM_ORDER (BCH_WM_ORDER)

* Work in impacted ENV layer

* Based on the location data provided, this work requires further

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

*

* 02/12/2016 19:07:46 PST BCH_WM_ORDER (BCH_WM_ORDER)

* 000111322348 - AEA Results: PIQ required.

* 000111322458 - AEA Results: PIQ required.

Completed by:

(Name and LAN ID):

Date: / /**Actual Labor-Hours:****Reviewed by**

(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 4/102 INSTALL ANCHOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 31219251 Created Notification # 111322458	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40666312		CREW SIZE: 00	637
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN	Latitude: 36.558546000000	<u>ANTICIPATED MATERIAL COSTS:</u>	
	Longitude: 121.889228000000-		
EXECUTION			
<u>REQUIRED END DATE:</u> 01/20/2017	<u>MAIN WORK CENTER:</u> MOSSLNDG - Moss Landing	<u>VOLTAGE:</u> <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY .	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/20/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 09:54:20 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 004/102			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/102 INSTALL MISSING ANCHOR AND DOWN GUY FOOT ACCESS ONLY			
*			
* 02/12/2016 19:07:29 PST BCH_WM_ORDER (BCH_WM_ORDER)			
* Work in impacted ENV layer			
* Based on the location data provided, this work requires further			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MONTE-VIEJO 4/102 INSTALL ANCHOR

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

*

* 02/12/2016 19:07:45 PST BCH_WM_ORDER (BCH_WM_ORDER)

* Work in impacted ENV layer

* Based on the location data provided, this work requires further

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

Completed by:

(Name and LAN ID):

Date: / /


Actual Labor-Hours:

Reviewed by


(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 4/104 REMOVE VEG	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111322530	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Overgrown (OVRG)		<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751544		CREW SIZE: 00	564
FUNCTIONAL LOCATION (LINE NAME): 60064 DEL MONTE-VIEJO (NO FLY)-WOOD POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLV	Latitude: 36.557312000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.889877000000-		
EXECUTION			
REQUIRED END DATE: 01/20/2018	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/20/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 10:05:44 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 004/104			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/104 REMOVE TREE ON DOWN GUYS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DEL MONTE-VIEJO 5/133 GUY WIRE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111322580
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40649693		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 36.561022000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.909796000000-		
EXECUTION			
REQUIRED END DATE: 01/21/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 24929 N. CARMEL HISS DR		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/21/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 10:18:51 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 005/133			
*			
* 005/133 REPAIR BROKEN DOWN GUY			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 6/143 MISSING GUY WIRE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# Created Notification # 111322585	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40768977		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN	Latitude: 36.567373000000 Longitude: 121.912732000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/22/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 3438 CARPENTER RD		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/22/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map; X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 10:29:13 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 006/143			
* - Special Circumstances : DRY WEATHER ONLY			
* 006/143 REPLACE MISSING SPAN GUY			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 6/143 REINSULATE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219247 Created Notification # 111322587
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40800532		CREW SIZE: 00	508
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO (LINE NAME): FLY)-INSULATO		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 36.567373000000 Longitude: 121.912732000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/21/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 3438 CARPENTER RD		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/21/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 10:34:12 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 006/143			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 006/143 REINSULATE WITH NCI'S			
*			
* 02/12/2016 19:07:29 PST BCH_WM_ORDER (BCH_WM_ORDER)			
* Work in impacted ENV layer			
* Based on the location data provided, this work requires further			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MONTE-VIEJO 6/143 REINSULATE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

Completed by:

(Name and LAN ID):

Date: / /

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

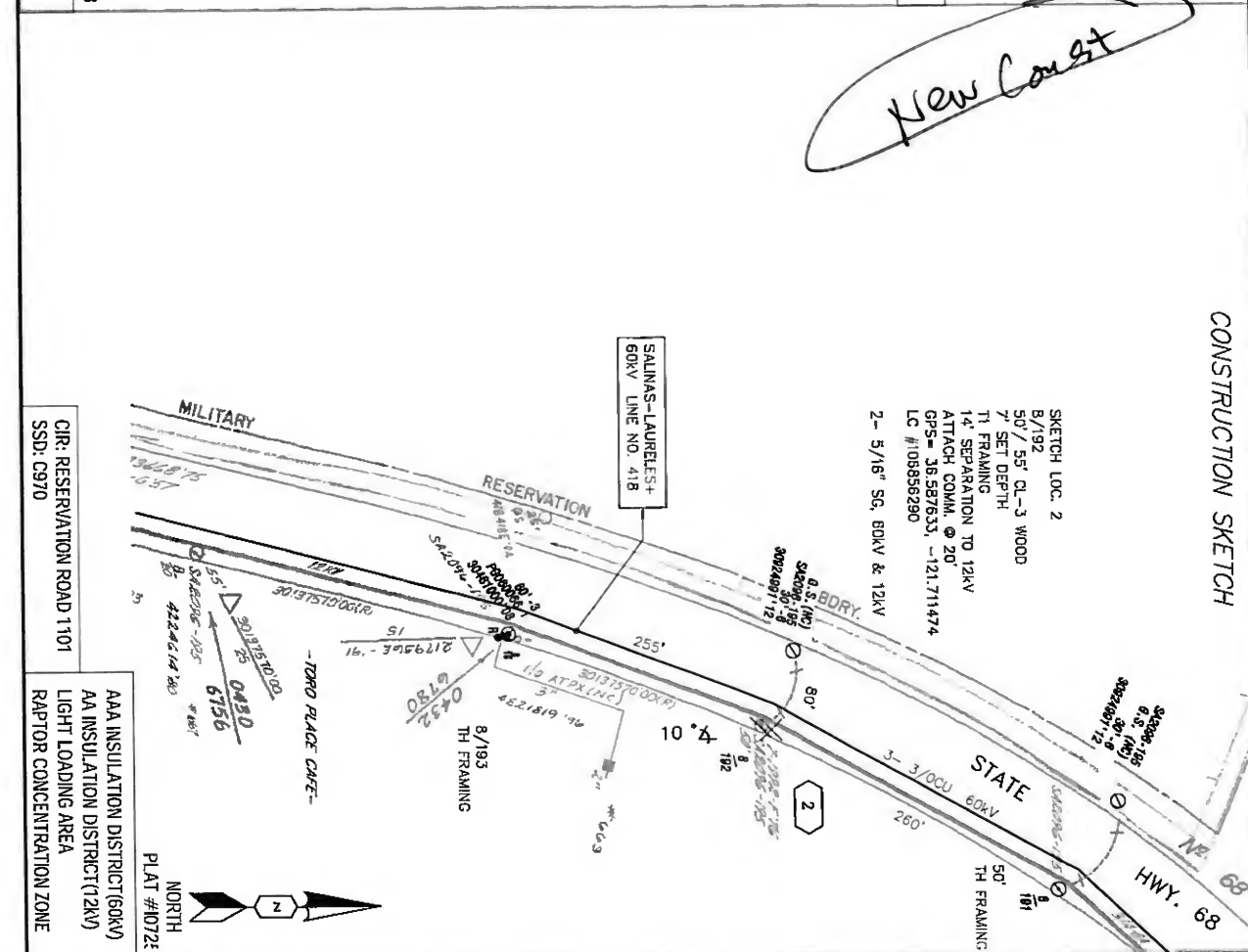
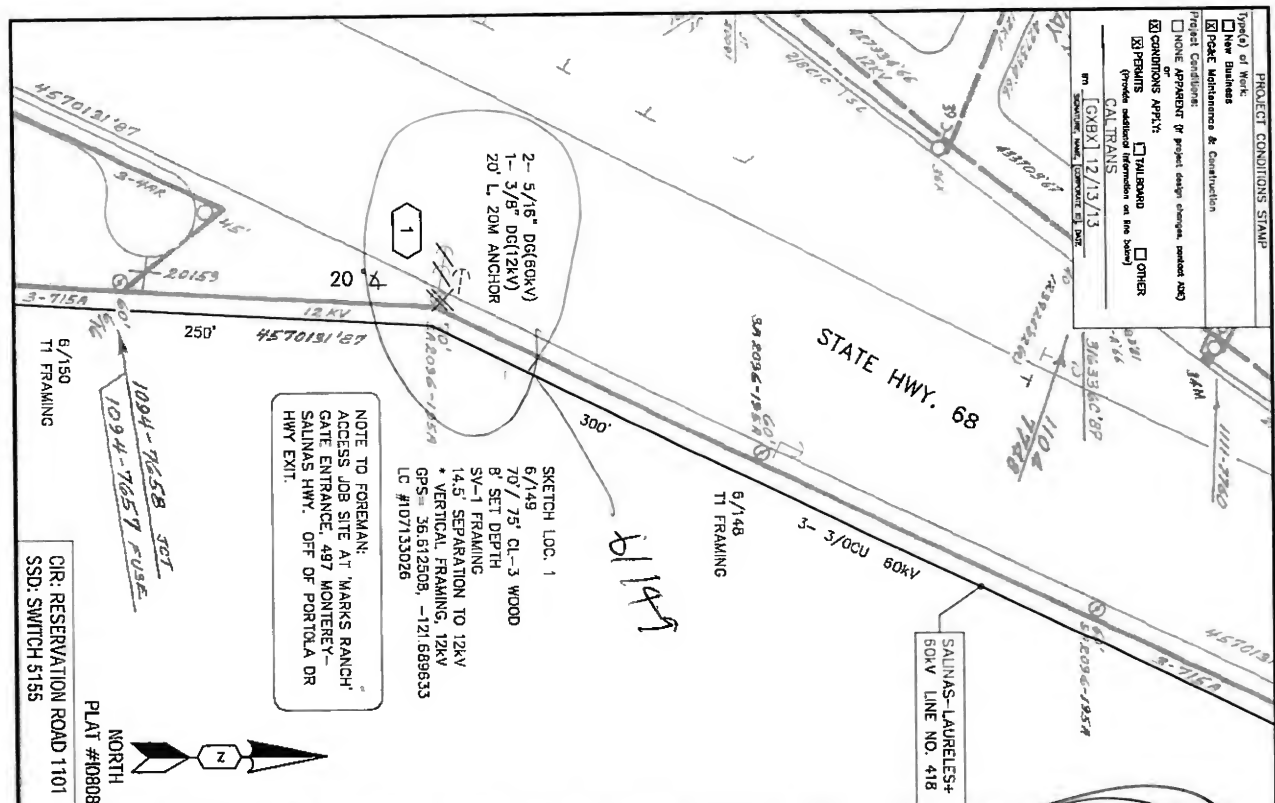
Date: / /

PROJECT CONDITIONS STAMP

Type of work:
☒ New facilities
☐ Project Maintenance & Construction

Project Conditions:
☐ NONE APPROPRIATE for project design changes, project 400
☒ CONDITIONS APPLY
☐ TAILBORED
☐ OTHER

(Provide additional information on the sheets)
 CALTRANS
 CMBX 12/13/13
 ON STANDARD MAPS, CORRECTED TO 2002



EST: G BAUTISTA 559.347.5033	CO:
ADE: K LARSEN 559.347.5034	SD:
SUPV: T COPELAND	NOTIF.: 106856290
REP:	OTHER:
PLNR:	SHT: 1 OF 2 SHEETS
SCALE: 1"=100'	DATE: 12/13/13
DATE: 12/13/13	PM: 30987143
DATE: 12/13/13	REV. 0

**SALINAS-LAURELES+ 60KV
 REPL POLE 6/149 & 8/192
 SALINAS, CA**

PACIFIC GAS AND ELECTRIC COMPANY

EST: C BAUTISTA 559,347,503	DATE: 11/11/11
ADP: K LARSEN 559,347,503	SCALE: 1" = 100'
SUPV: T COPELAND	PLNR:
REP:	



SALINAS-LAURELES+ REPL POLE 18/346 CARMEL VALLEY, CA PACIFIC GAS AND ELECTRIC COMPANY

CO:	PM: 30987143
SD:	SHT: 2 OF 2
NOTH:	OTHER:
OTHER:	SHEETS
REV:	

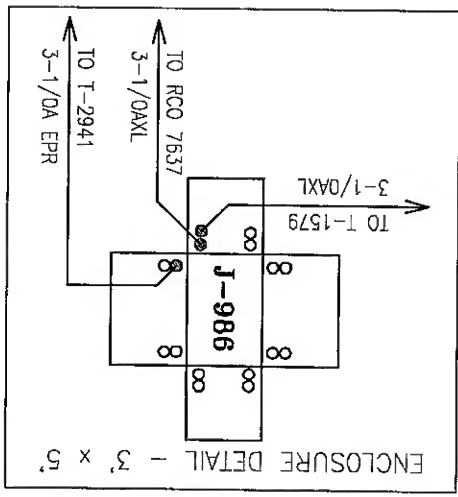
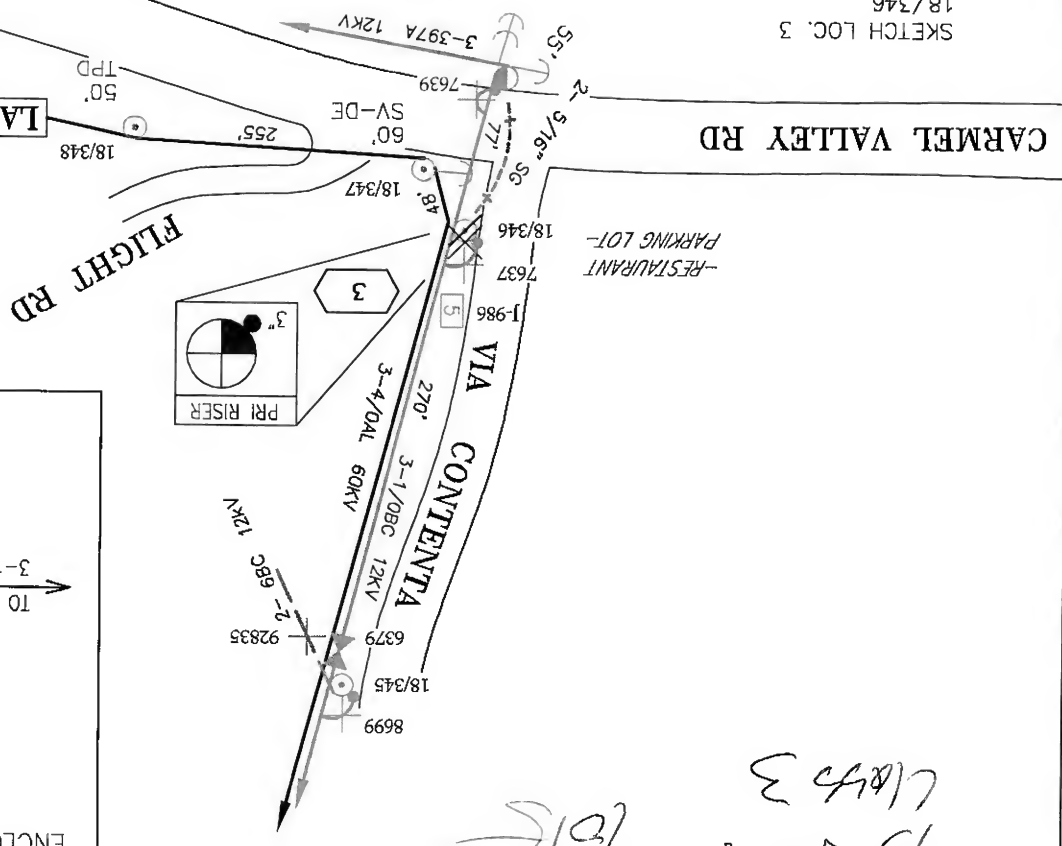
Underground Service Alert

CALL TOLL FREE 811

TWO WORKING DAYS BEFORE YOU DIG

NOTE TO FOREMAN:
CAUTION - GAS DISTRIBUTION PIPELINE
ALONG E/S OF VIA CONTENTA RD

SKETCH LOC. 3
18/346
60' / 70' CL-3 WOOD
7.5' SET DEPTH
SV-DE-90 FRAMING, 115KV
10' SEPARATION TO 12KV
67' 52" ANGLE (LT)
GPS = 36.478111, -121.72849
LC #106030197

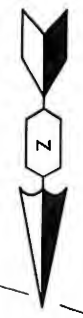


CONSTRUCTION SKETCH

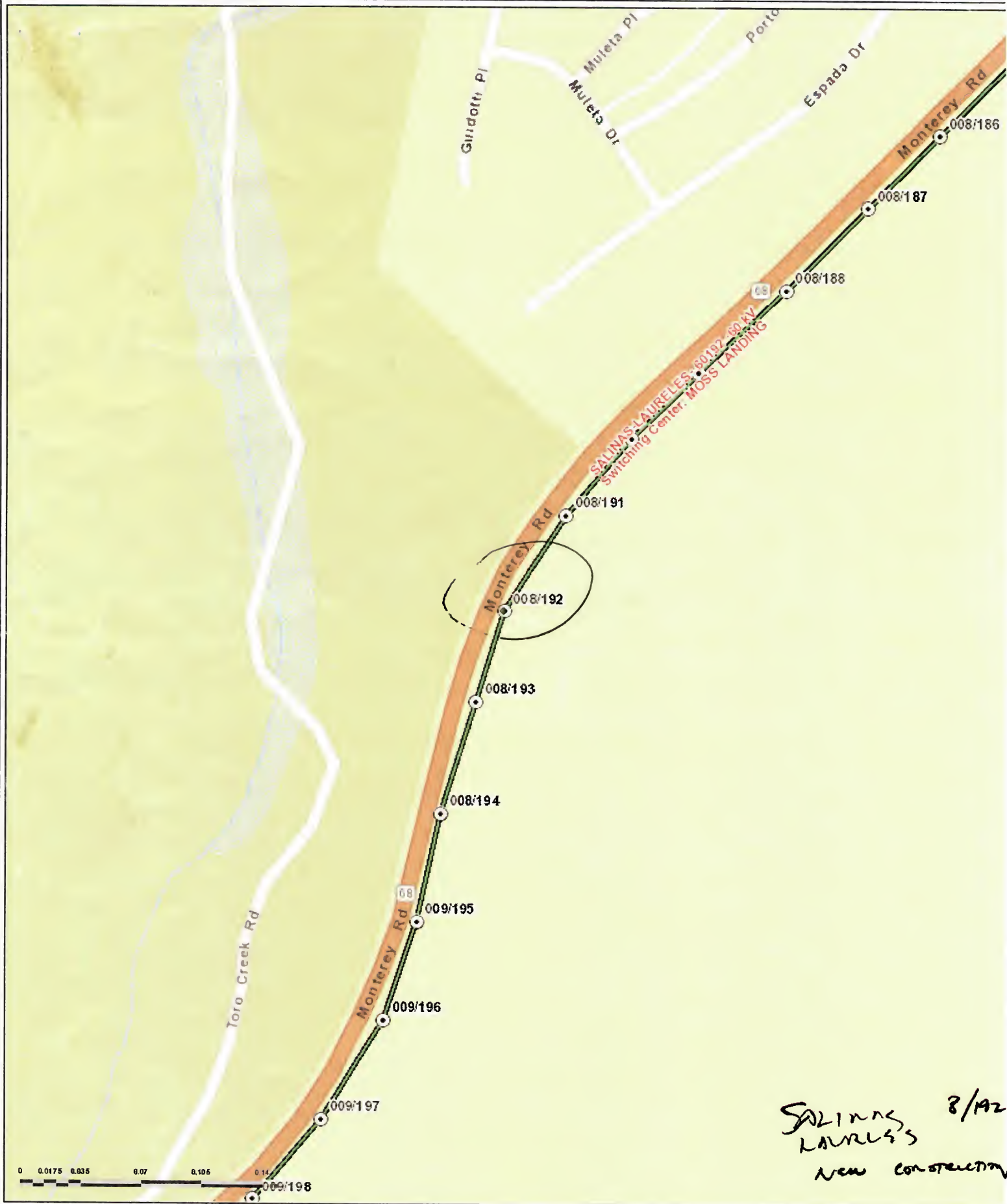
AAA INSULATION DISTRICT(60KV)
AA INSULATION DISTRICT(12KV)
LIGHT LOADING AREA
RAPTOR CONCENTRATION ZONE

CIR: LAURELES 1112
SSD: SWITCH 12LC

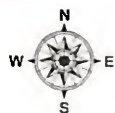
PLAT #L0708



75 ft. 7015



ETGIS Web Map



My Map

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Printed Using ETGIS Web Application

Author: rdte

Printed On: 4/5/2016

Lunch

→ 60KV Salinas Lanello

Day 3 Loc # 9

~~#10~~ Pole 8/192 - new const. in 2014

Class 3, 55 ft pole measured 40" circum.

Completed work under checked for pole replacement


- buried 6 1/2 feet from extinction of where the stamp is (by Chicks) , OK

Day 3 Loc #10

Pole 61/49 New Const. Pole replacement

Class 3 - 75 ft pole - checked

measured 46" C.C. circum.

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	SALINAS-LAURELES 008/192 RPLC POLE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 30987143 Created Notification # 106856290
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Completed By : (COMP)
USER STATUSES			
<input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH <input checked="" type="checkbox"/> INSPECTION - INSP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.7930.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40876162		CREW SIZE: 00	372
FUNCTIONAL LOCATION 60192 SALINAS-LAURELES-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLX	Latitude: 36.587636000000 Longitude: 121.711471000000-		ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: OFF HWY 68		CITY: SALINAS	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Ralph Blake (RUBM)			DATE FOUND (NOTIF DATE): 03/05/2013
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/02/2013 14:47:20 Charlene M. McLeod (CMMD) Phone 209/942-1669			
* REPLACE ROTTEN POLE			
*			
* 04/04/2013 09:21:29 Stan N. Tanner (SNT2) Phone 559/347-5225			
* 30987146-PM Created			
* -Job folder Created			
* -Folder #2856			
*			
* 07/11/2013 11:12:38 Stan N. Tanner (SNT2) Phone 559/347-5225			
* replace poles 8/192 and 18/346			
*			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

SALINAS-LAURELES 008/192 RPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 11/26/2013 13:15:44 Gustavo Bautista (GXBX) Phone 559/347-5033

* 30987146T LC #107133026 for pole 6/149 added to this job order,

* JE to be prepared in week 49.

*

* -----

* 12/13/2013 18:04:47 Gustavo Bautista (GXBX) Phone 559/347-5033

* 30987143T JE routed for approval via EDRS #2013-101905

* Material retired automatically in PowerPlant

*

* -----

* 12/16/2013 07:27:05 Keith Larsen (KALI) Phone 559/347-5034

* 30987143ved by ADE

* -Job is routed via EDRS

* -Job is attached to order

* -Pole calcs attached to pm

* -Transmission asset items will be retired automatically by FFE

* -DM1 form emailed to environmental review mailbox (by Estimator)

* -Placed job copy in supervisors in-box for approval

*

*

*

* -----

* 12/16/2013 08:00:09 Thomas Copeland (TACC) Phone 559/347-5297

* EDRS 2013-101905 Job Estimate Approved. Sent Authorized job estimate to

* Laurie Sholler - T-Line OMD.

*

* -----

* 12/24/2013 09:15:33 Kyle Cook (KECE) Phone 831/784-3509

* Received request for Caltrans Encroachment permit at Salinas Land dept.

* Permit application package sent today. Estimated turnaround 30-45 days.

* Once approved permit is received at this office, will forward to

* Dependency desk to be uploaded into SAP.

* -----

* 12/24/2013 13:12:14 Nathan Lishman (NPL2) Phone 925/415-6677

* Environmental Tasks Complete - Release with attached BMP's

* -----

* 01/06/2014 15:15:51 WEIDONG TAN (WXTK) Phone 831/784-3510

* 30987143E Mapping Pre-Post Completed

* -----

* 01/09/2014 15:07:12 Laurie Sholler (LFP1) Phone 559/263-5041

* 30987143 - copies ready to be distributed upon completion of land task

* -----

* 02/07/2014 14:14:10 Kyle Cook (KECE) Phone 831/784-3509

* Caltrans Encroachment Permit received. Forwarded to RMC to be uploaded

* into SAP.

* Permit number: 0514 6UF 0024

* Expiration Date: 8/6/2014

* Cost: \$1107



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

SALINAS-LAURELES 008/192 RPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 02/18/2014 14:38:16 Patricia Markwith (PLM7) Phone 559/347-5105

* 30987143 E Fresno RMC DMD received an approved CAL-TRANS PERMIT

* from the STATE OF CALIFORNIA on 02-18-14. Permit #0514 6UF 0024. For

* PERMIT Location at: SALINAS This permit expires on 008-06-14. Permit

* fee 1107.00. It is scanned and attached in EDMS.

* _____

* 02/24/2014 15:22:04 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB IS STILL IN PEND STATUS BUT HAS BEEN REVIEWED BY KIICHI.

* EMAILED MATERIALS TO RELEASE THE 70/C3 WOOD POLE AND SEND TO SHIFFLETS.

* GETTING THE OTHER 2 WOOD POLES FROM SURPLUS

* _____

* 06/04/2014 08:02:27 Charlene McLeod (CMMD) Phone 209/942-1669

* RECEIVED JOB COPIES.

* JOB ASSIGNED TO ILB TO COMPLETE IN 2014. JOB COPIES BOXED

* _____

* 06/09/2014 15:08:05 Arthur Layus (AXL7) Phone 831/784-3575

* 30987143E "Advance Job Pkg" rec'd and filed in Mapping.

* _____

* 09/29/2014 07:25:49 Kyle Cook (KECE) Phone 831/784-3509

* Caltrans permit rider received. Permit expiration date pushed out to

* 3/26/2015.

* _____

* 12/23/2014 10:32:37 Lavina Butler (L1BQ) Phone 559/347-5015

* 30987143E FORWARDED REQUEST FOR TRAFFIC CONTROL PLANS TO ED SAFETY

* SERVICES,INC. A QUOTE OF \$250.00 WAS PROVIDED BY R. BEADLES, I WILL WORK

* ON A PO FOR APPROVAL .

* _____

* 12/26/2014 10:14:15 Lavina Butler (L1BQ) Phone 559/347-5015

* 30987143E Approved PO and Traffic Control Plans received and forwarded

* to the Estimator (GXBX) JO (ALCI) AND Fresno RMC Dependency Desk.

* _____

* _____

* _____

* 01/06/2015 08:45:41 Charlene McLeod (CMMD) Phone 209/942-1669

* ILB REPLACED POLE ON 12/21/2014 PER MIKE RYAN

* _____

* 06/18/2015 07:25:35 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB IS ASSIGNED TO ILB AGAIN IN 2015

* _____

* 07/21/2015 14:51:09 Kyle Cook (KECE) Phone 831/784-3509

* Caltrans permit rider received. Uploaded permit to SAP as 'NEW.' Land

* task released.

* Permit number: 0515 6RT 0360

* Expiration date: 1/14/2016

* Cost: \$82

* _____



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

SALINAS-LAURELES 008/192 RPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 12/04/2015 16:31:19 PST Charlene McLeod (CMMD) Phone 209-942-1669

* SENT COMPLETED SIGNED OFF JOB COPY TO LAURIE SHOLLER FOR JOB CLOSURE AND

* MAPPING

* -----

* 12/16/2015 17:13:27 PST Laurie Sholler (LFP1) Phone 559-263-5041

* 30987143 - to mapping - Irene Parker

* -----

* 12/21/2015 15:13:11 PST Doug Cockrell (DPCH) Phone 559-347-5014

* 30907143 - As-built received in estimating. Handed to GXBX.

*

* -----

* 03/09/2016 09:26:15 PST Gustavo Bautista (GXBX) Phone 559-347-5033

* 30987143T SDS have been updated and sent to Records

*

Completed by: ILB
(Name and LAN ID):

Date: 12/21/2014

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Day 4 #10001



ETGIS Web Map



My Map

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Author: rdt

Printed On: 4/6/2016

Bitch - Mastmastic

(Pacific Press Mail)

OK Day 4 Loc #1 - Pier 1 import ^{near} ^{lot} ⁱⁿ ^{Galveston}
Hagab. Hallister 115KV. - 3 phase on west
dist. 21KV 3 phase on East parallel

Tower 20/129 ✓ - SAP 41223272

Found no tower ID (SAP is ~~not~~ 9 is going away)

Day 4 Loc #2 - Petsmen - 6756 Camino Arroyo.

Tower 20/130 ✓ - SAP 41223275

- No tower ID label
- mulch covered to steel / (grading higher than foundation is going to erode when rain)
- chunk suggest placing plastic barrier cone.

Day 4 Loc #3 - 682 Holloway Gilroy (next to a farm)

Tower 20/131 ✓ - no anti-climbing

SAP 41223287. Ero tower ID) OK

Day 4 Loc #4 ✓

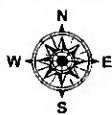
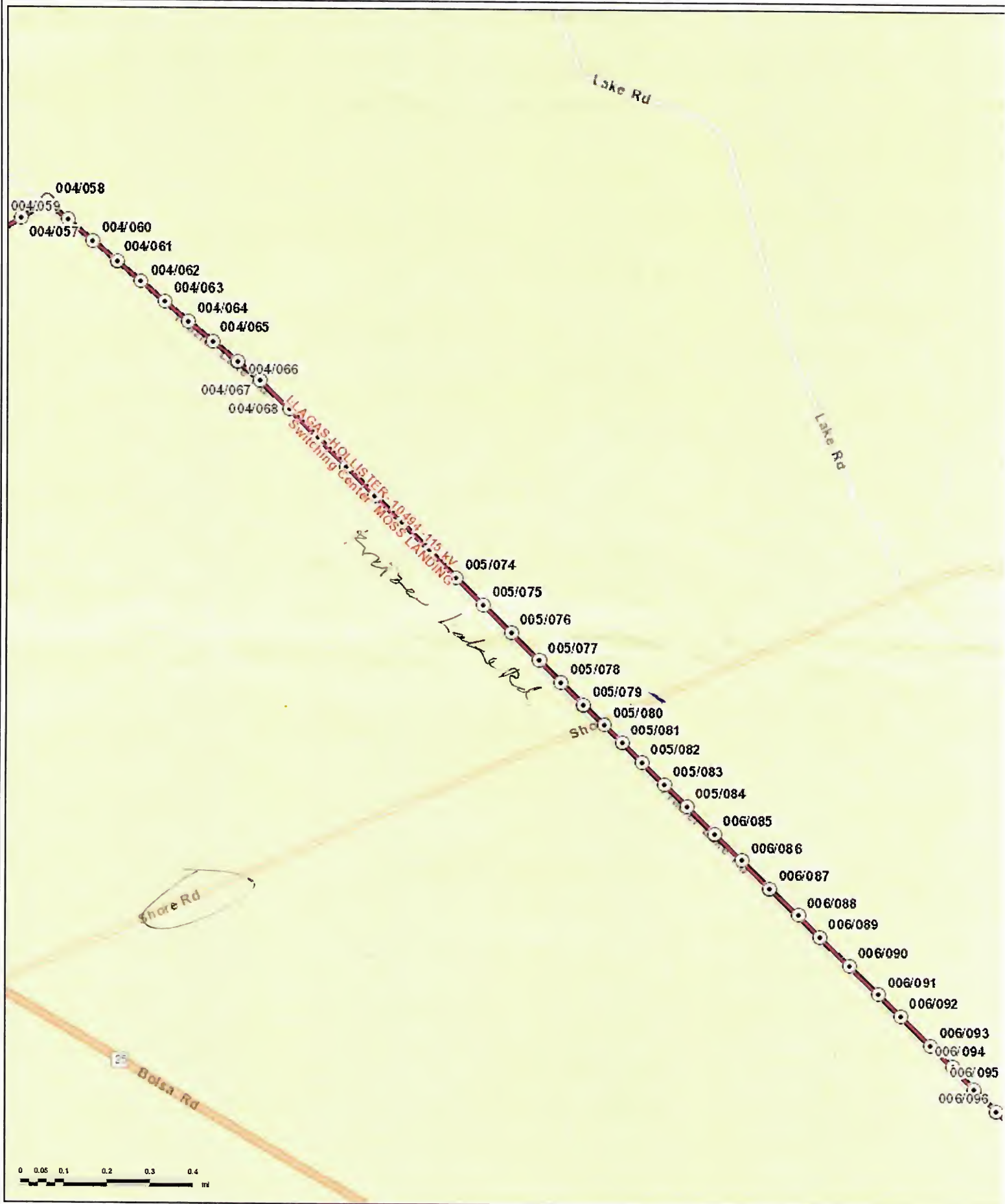
Tower 20/132 - no anti-climbing

SAP 41223271

Day 4 Loc #5

Tower 20/133

SAP - 4122327 ✓ no anti climbing OK



16000 - Hollister 115KV
Day 4 #6 - Frazer Lake Rd & Shore Rd
in Gilroy / Hollister?

Pole 5/79.

- T ~~the~~ insulators were out of place
- pole looks bent and on top.
- clunk said caused by the adjacent new pole being taller and over-tensioned
- Pole was banded

Day 4 #7. (down Frazer Lake.)

Pole 5/80 - new consd. (no load wire on head)
O/C

Day 4 #8

Pole 5/81 - stubbed pole OK.

Day 4 #9

Pole 5/82 - 3rd party attachment (sign)

Day 4 #10

Pole 5/83 - OK

Day 4 #11

Pole 5/84 - 2 long bolts stuck out @ climbing sp

Day 4 #12

Pole 5/85 - OK

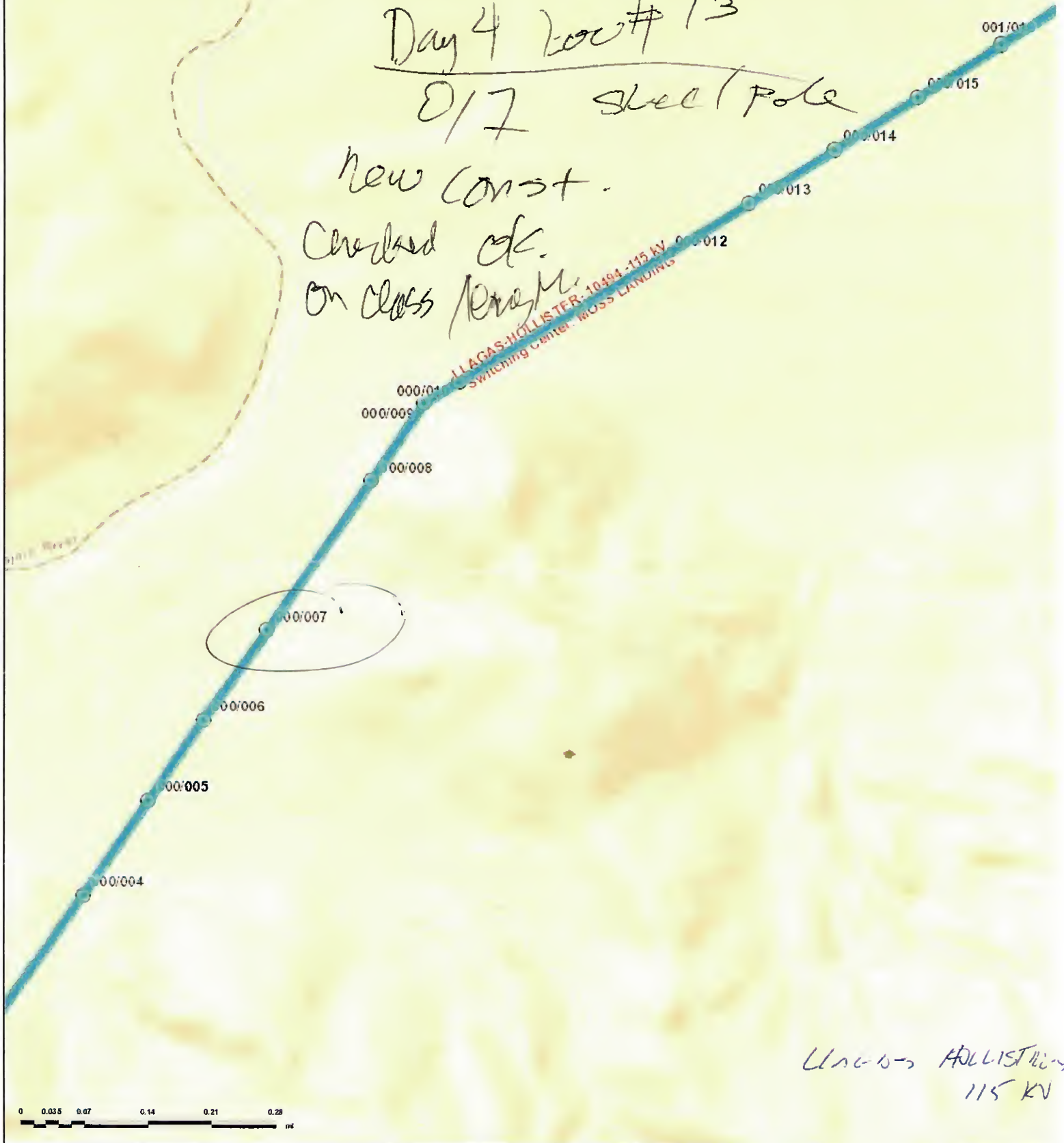
Day 4 Loc # 13

0/7 steel pole

new const.

checked ok.

on class 115KV



LAGAS-HOLLISTER-
115 KV

ETGIS Web Map



My Map

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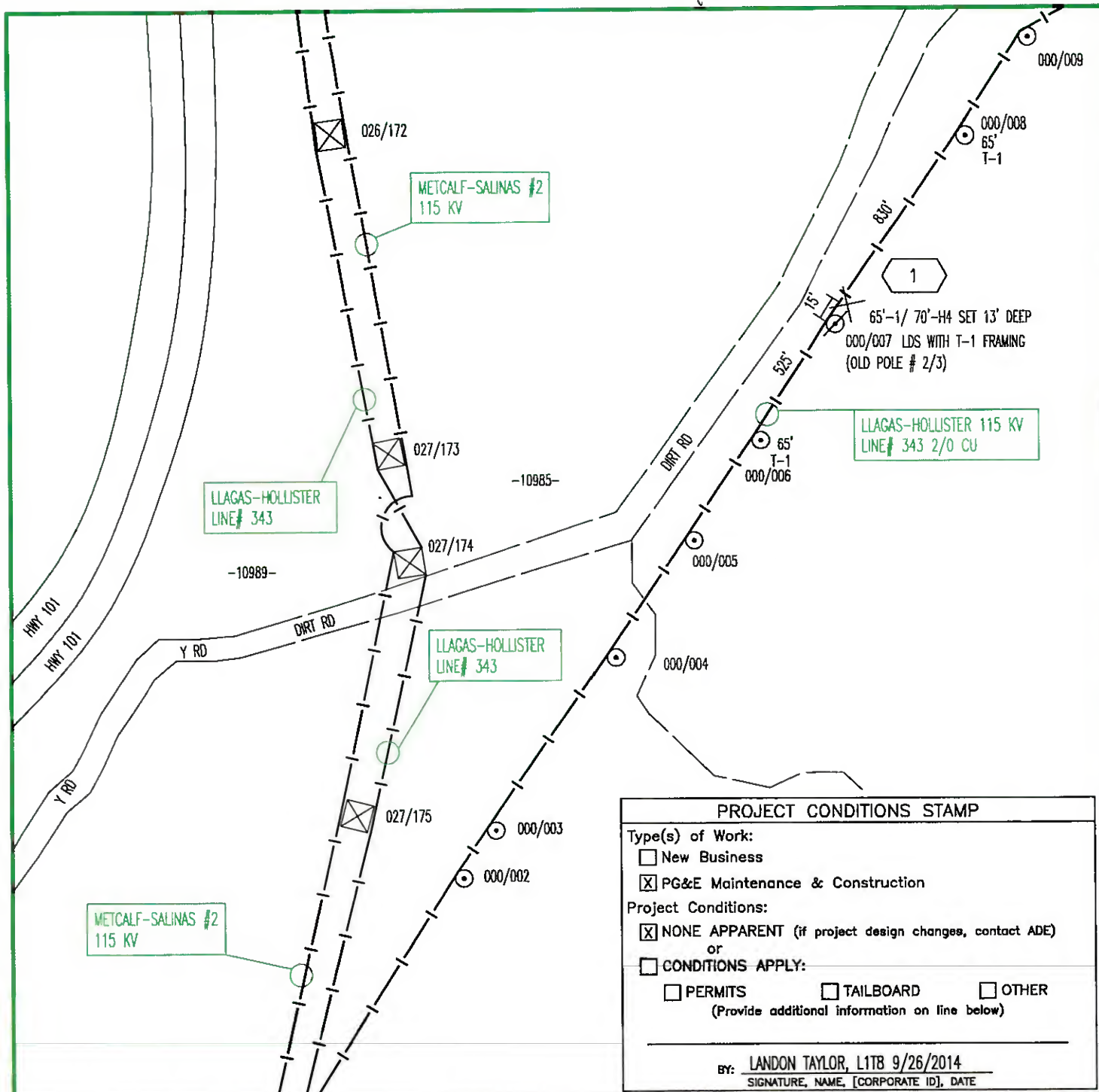


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Author: rdt

Printed On: 4/4/2016

New Const.



GPS JOB COORDINATES
LAT: 36.918327
LONG: -121.539420

AAA INSULATION DISTRICT
LIGHT LOADING AREA
RAPTOR CONCENTRATION ZONE
PLAT # B12 (COAST VALLEY)



For Questions Regarding This Job:

EST: LONDON TAYLOR 559-347-5117
ADE: Gustavo Bautista 559-347-5033
SUPV: DOUG COCKRELL 559-347-5014
REP: Rick Tankersley 831-633-6994


PLNR:
SCALE: NTS DATE: 9/26/2014

REPLACE POLE
LLAGAS-HOLLISTER (HOLLISTER TAP #2) 115 KV
SAN JUAN BAUTISTA



PACIFIC GAS AND ELECTRIC COMPANY

JPA:	
SD:	
NOTIF: 108202376	
OTHER:	
SHT: 1 OF 1	SHEETS
PM: 31089978	REV.

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	MOSS LANDING-PANOCHE #2 HELI-WASH		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 42352016 Created Notification # 110110536
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
USER STATUSES			
<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.5340		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	626
FUNCTIONAL LOCATION 20106 MOSS LANDING-PANOCHE #2 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLX	Latitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 0.000000000000		
EXECUTION			
REQUIRED END DATE: 03/17/2016	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 010	
REPORTED BY (Name and LAN ID): Roland Burks (R1BE)		DATE FOUND (NOTIF DATE): 03/17/2015	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 03/17/2015 10:51:50 Helen Sakai (HXS4) Phone 209/942-1606			
* - Voltage : 230 KV			
* PER ROLAND BURKS, HELI-WASH FOR 2015			
* 04/01/2015 09:04:50 Donna Thorne (DKT1) Phone 831/633-6935 Change Planner Group to Contract's TLX			
* 07/13/2015 10:48:59 Helen Sakai (HXS4) Phone 209/942-1606			
* PER ROLAND BURKS, 60 STRUCTURE WASHED ON 7/6/15.			

Actual
closed date.
(entered by contractor
mistakenly)

(OK)

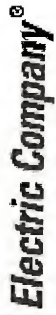
"Contract group"
Open work order
(should be completed)

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		SALINAS-FIRESTONE#2 60KV-MOMENTARY RELAY	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 42445237 Created Notification # 110557669
	FACILITY TYPE DAMAGE CODE CAUSE CODE ACTION		
		<input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> COMPLETED BY T-MAN - CTMN <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.7910		CREW CLASS:	
SAP EQUIPMENT #:		CREW SIZE: 00	
FUNCTIONAL LOCATION 60190 SALINAS-FIRESTONE #2 (NO FLY) (LINE NAME):		WORK TYPE CODE: 539	
PLANNER GROUP: TLN		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
Latitude: 0.000000000000 Longitude: 0.000000000000		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 07/29/2015		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	
DIVISION CODE (LOCATION): CC		ZIP (if known): 00000	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		COUNTY CODE (PLANT SECTION): 027	
		DATE FOUND (NOTIF DATE): 07/08/2015	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 08/07/2015 11:21:07 Nancy Disch (NED2) Phone 831/633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* ETL.7910 NON ROUTINE GROUND PATROL DUE TO MOMENTARY RELAYS			
* 08/11/2015 11:05:33 Nancy Disch (NED2) Phone 831/633-6926			
* WORK COMPLETED BY DOUG BRADY ON 8/7/2015			
Completed by: Douglas Brady (DABP) (Name and LAN ID):		Date: 08/07/2015	Actual Labor-Hours:

DRB

Explanation of a work order with wrong entered date for notification date. - should have been 8/7 (not found date) but entered 7/8. instead generated 7/29 (421 days) so finishing on 8/7. late made it on record.

04/04/2016

62-5670 (Rev. 08/07)
Payroll[illegible]

I certify that I have accurately recorded all time worked and abided by the terms of the collective bargaining agreement for rest and meal periods.

DOUG BRADY

Employee Signature

8/7/15

Date _____

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-CRAZY HORSE CYN#1 4/26 CLEAR CAGE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111328761	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40819875		CREW SIZE: 00	564
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE- #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLV	Latitude: 36.787430000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.696280000000-		
EXECUTION			
REQUIRED END DATE: 01/15/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 16390 MERIDIAN RD		CITY: SALINAS	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/15/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 12:35:31 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : 004/026			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/026 CLEAR CAGE OF VEGETATION			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	SOUTH	PM 42368696	2015 - ANNUAL CYCLE										
	SOUTH	PM 42368697	2015 - WILDFIRE AREA										
	SOUTH	PM 42368698	2015 - SUMMER READINESS										
		CONTACTS	SUPV	RICK TANKERSLEY	831 676-8400								
		6/15	T-MAN	DICK DANIELI	831 206-1835								
		6/16	T-MAN	DICK DANIELI									
			HOT SHOT	RUSSELL COX (SOUTH)	303 261-5226								
			SAC EXEC.	JOHN HAMILTON (SOUTH)	916 712-6150								
PATROL DATE	TRANSM T-MAN	ORDER #	ETL #	T-LINE AREA	LINE NAME	KV	PATROL TYPE ANNUAL SUM READI FIRE AREA	MILES	FINDING YES or NO	LOAD AT TIME OF FINDING	DATE FOUND	STR NO.	HOT SHOT REPORT
PATROLS START IN MOSS LANDING ON MON 6/15 & TUES 6/16 - MEET AT SOUTH CO. AIRPORT (Time ?? TBD)													
1 6/15	DANIELI	42368696	ETL 6230	MOSSLNDG	BURNS.LONE STAR #1	60 KV	ANNUAL	5.42	NO				
1 6/15	DANIELI	42368696	ETL 6240	MOSSLNDG	BURNS.LONE STAR #2	60 KV	ANNUAL	6.34	NO				
1 6/15	DANIELI	42368696	ETL 1220	MOSSLNDG	CAMP EVERS-PAUL SWEET	115 KV	ANNUAL	5.22	NO				
1 6/15	DANIELI	42368696	ETL 6241	MOSSLNDG	CRUISHER TAP	60 KV	ANNUAL	1.95	NO				
1 6/15	DANIELI	42368696	ETL 1710	MOSSLNDG	GREEN VALLEY-CAMP EVERS	115 KV	ANNUAL	18.59	NO				
1 6/15	DANIELI	42368698	ETL 1720	MOSSLNDG	GREEN VALLEY-LLAGAS	115 KV	SUM READI	24.85	CLEARED				
1 6/15	DANIELI	42368696	ETL 1730	MOSSLNDG	GREEN VALLEY-PAUL SWEET	115 KV	ANNUAL	16.03	NO				
1 6/15	DANIELI	42368696	ETL 6970	MOSSLNDG	GREEN VALLEY-WATSONVILLE	60 KV	ANNUAL	4.74	NO				
1 6/15	DANIELI	42368696	ETL 6231	MOSSLNDG	LONE STAR TAP	60 KV	ANNUAL	1.18	NO				
1 6/15	DANIELI	42368696	ETL 2540	MOSSLNDG	METCALF-GREEN VALLEY	115 KV	ANNUAL	25.27	NO				
1 6/15	DANIELI	42368698	ETL 2570	MOSSLNDG	METCALF-MORGAN HILL	115 KV	SUM READI	9.72	NO				
1 6/15	DANIELI	42368696	ETL 7590	MOSSLNDG	MONTA VISTA-BURNS	60 KV	ANNUAL	18.06	NO				
1 6/15	DANIELI	42368698	ETL 2800	MOSSLNDG	MORGAN HILL-LLAGAS	115 KV	SUM READI	10.84	NO				
								148	124				
2 6/16	DANIELI	42368696	ETL 8311	MOSSLNDG	GRANITE ROCK TAP	60 KV	ANNUAL	2.39	NO				
2 6/16	DANIELI	42368696	ETL 2153	MOSSLNDG	HOLLISTER TAP	115 KV	ANNUAL	9.21	NO				
2 6/16	DANIELI	42368696	ETL 7380	MOSSLNDG	LAURELES-OTTER	60 KV	ANNUAL	15.57	NO				
2 6/16	DANIELI	42368696	ETL 7920	MOSSLNDG	SALINAS-LAGUNITAS	60 KV	ANNUAL	5.81	NO				
2 6/16	DANIELI	42368696	ETL 7930	MOSSLNDG	SALINAS-LAURELES	60 KV	ANNUAL	27.46	NO				
2 6/16	DANIELI	42368696	ETL 2152	MOSSLNDG	SAN BENITO TAP	115 KV	ANNUAL	0.96	NO				
2 6/16	DANIELI	42368696	ETL 2901	MOSSLNDG	SAN BENITO-HOLLISTER	115 KV	ANNUAL	8.31	NO				
2 6/16	DANIELI	42368696	ETL 8310	MOSSLNDG	WATSONVILLE-SALINAS	60 KV	ANNUAL	28.39	NO				

rich. pink. red. purple. 1950s
the 1950s. pink. red. purple.
for 1950s
(and)

